

WDFW-889 (Rev. 10/2001)
Washington Department of Fish and Wildlife
Application for Commercial
Razor Clam License for
Detached Willapa Spits
for the Year _____

Department Use Only	
License Number	Card #
License Type	Payment Receipt
Resident	
Non-Resident	
Total Fee	

License Owner Information						
Last Name		First Name		Initial		
Permanent Street Address						
Mailing Address						
City		State		Zip Code (+ four)		
Social Security Number (required)						
Birthdate / /	Sex	Hair	Eyes	Weight	Height	Permanent Phone ()
Company You Are Digging For					DOH Certificate Number (required)	
Company You Are Digging For					DOH Certificate Number (required)	
Company You Are Digging For					DOH Certificate Number (required)	
<input type="checkbox"/> I have been a resident of Washington for the previous 90 days and am not licensed as resident in any other state. <input type="checkbox"/> I am not a resident of Washington State. I hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Providing false information may invalidate this license. <hr/> Signature of License Owner (Date) Signed at (Place) _____						

Make fees payable to State Treasurer
License will expire December 31st of Issuance Year

Mail Applications Directly to:
 Department of Fish and Wildlife
 License Division
 600 Capitol Way N
 Olympia WA 98501-1091

Office Location:
 1111 Washington St. S.E. Olympia WA
 Phone Number: (360) 902-2464 *TDD (360) 902-2207
 Fax (360) 902-2945

Notification Clause

This program receives Federal financial assistance from the U.S. Fish and Wildlife Service Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and Title IX of the Education Amendments of 1972. The U.S. Department of the Interior and its bureaus prohibit discrimination on the bases of race, color, national origin, age, disability and sex (in educational programs). If you believe that you have been discriminated against in any program, activity or facility, please write to:

U.S. Fish and Wildlife Service
Office of External Programs
4040 N. Fairfax Drive, Suite 130
Arlington, VA 22203

Personal Information Provided to the Washington Department of Fish and Wildlife may be Disclosed Via a Public Records Request

All the information you provide in this application becomes a public record that may be subject to inspection and copying by members of the public, unless an exemption in law exists. The Department's Policy regarding Privacy Protection and Public Disclosure Requests is available upon request.